



NEBRASKA

Special Emphasis Report: Infant and Early Childhood Injury, 2012

Injury is a Leading Cause of Death in Children

Childhood injuries are a serious public health problem in the United States and Nebraska. Unintentional injury is the leading cause of death in children 1-5 years old in Nebraska, and a major cause of poor health and disability.

In 2012, 18 Nebraska children between 0 and 5 years old died as a result of an injury. For every child who died, 10 children were hospitalized and 852 were treated and released from an emergency department. Not included were children who received treatment in physician offices or at home.

Figure 1: Annual Injuries among Children Ages 0-5 Years, Nebraska, 2012

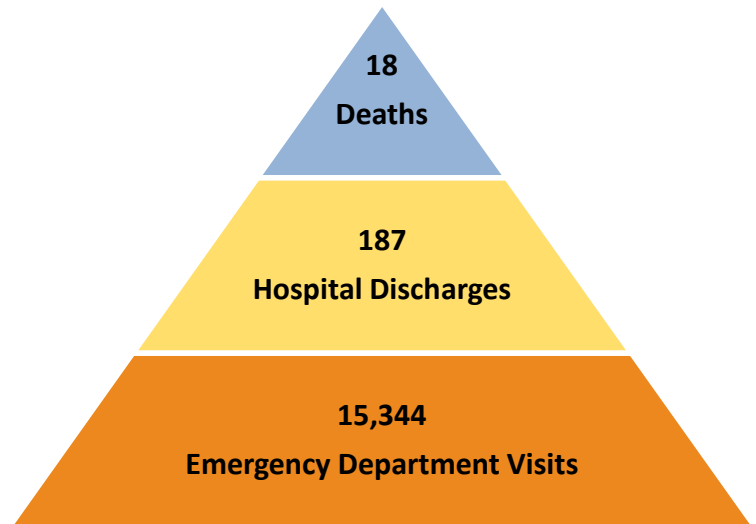
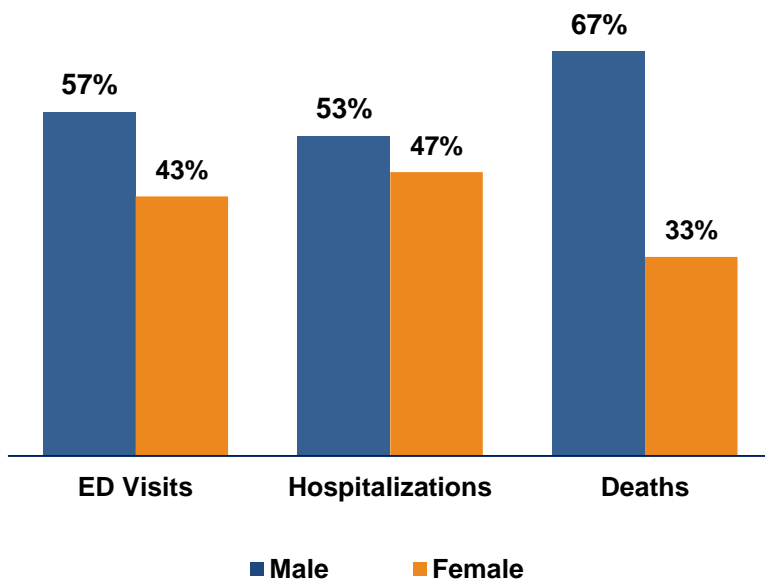


Figure 2: Percent of Injury Deaths, Hospitalizations and Emergency Department Visits among Children Ages 0-5 Years, by Sex, Nebraska, 2012



Childhood Injury by Sex

- Boys were more likely to suffer a fatal injury than girls.
- Boys experienced more nonfatal injuries with 57% of emergency department visits, and 53% of hospitalizations.





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Injury Deaths in Infants, 2008-2012

NOTE: Due to the small number of deaths among children ages 0-5, Figures 3 and 4 show injuries from 2008 to 2012 for this age group.

- From 2008-2012, there were 36 injury deaths among children less than 1 year old.
- The leading cause of deaths among this age group was unintentional suffocation (55%), specifically suffocation in bed (33%) followed by homicide (22%).
- Injuries from homicide and motor vehicle crashes were the third and fourth causes of death for this age group.

Figure 3: Injury Deaths among Infants Less than 1 Year, Nebraska, 2008-2012

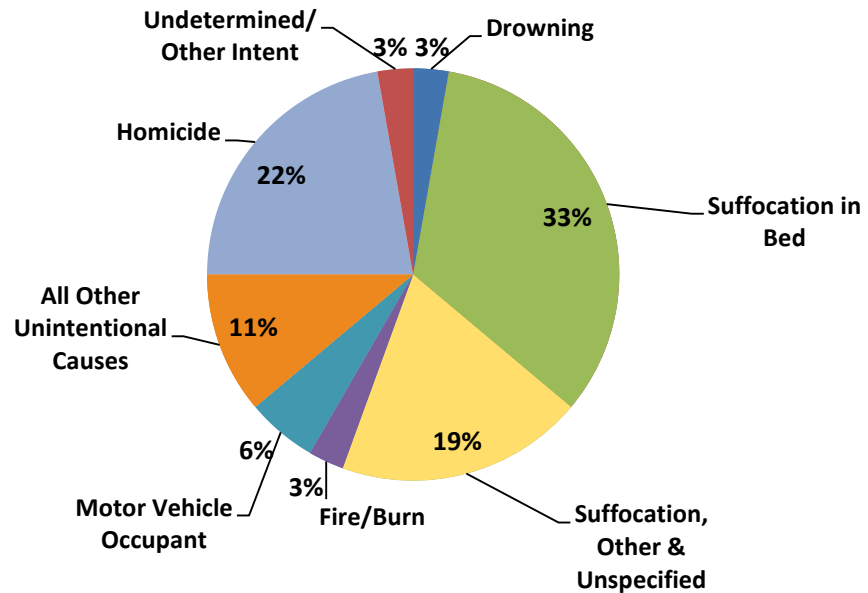
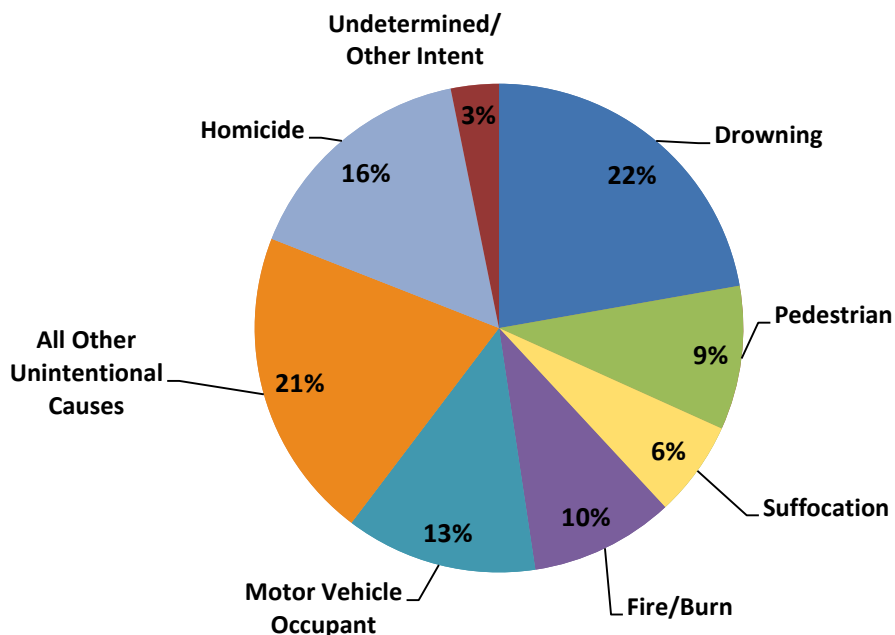


Figure 4: Injury Deaths in Children Ages 1 – 5 Years, Nebraska, 2008-2012



Injury Deaths in Young Children, 2008-2012

- Between 2008 and 2012, there were 63 injury deaths among children ages 1 to 5 years.
- Drowning was the leading cause of injury deaths among children 1-5 years old (22%) in Nebraska.
- Additional causes of injury deaths among this age group include homicide, motor vehicle occupant and fire/burn.

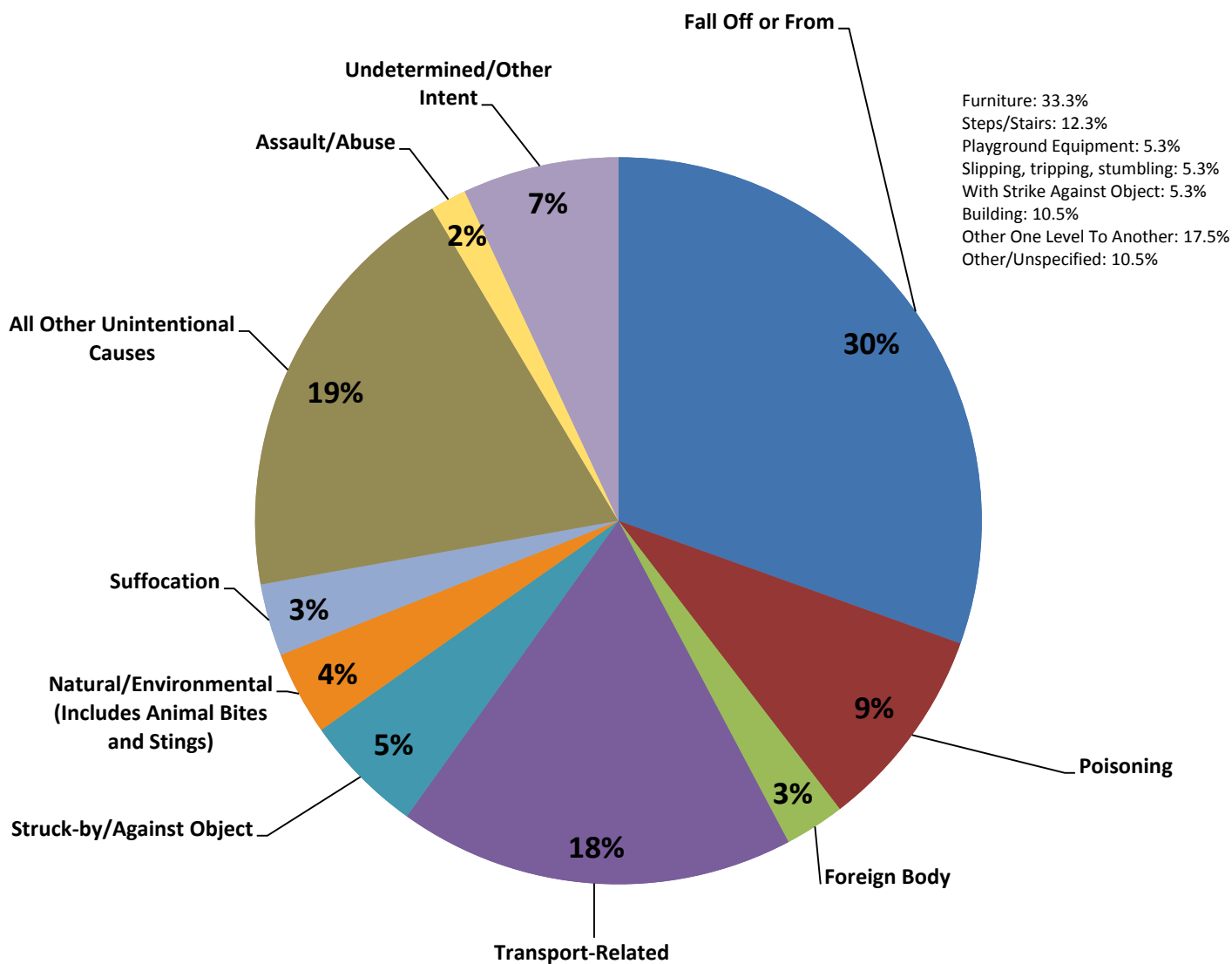


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Injury-Related Hospitalizations

Figure 5: Injury-Related Hospital Discharges among Children Ages 0 – 5 Years, Nebraska, 2012



There were 187 injuries that resulted in hospitalizations among children ages 0-5 in Nebraska. Of those, 42 occurred among children less than 1 year old and 145 occurred among children ages 1-5.

For injury-related hospital stays among children 0-5 years, unintentional falls were the leading cause of injury (30%). Most fall injuries were the result of a fall from furniture (33%). About 18% of injuries were from falls from one level to another, about 12% were falls from steps or stairs, and 10% were falls from buildings.

Falls were the leading cause of injury-related hospitalizations for both age groups, less than 1 year, and 1-5 years old.

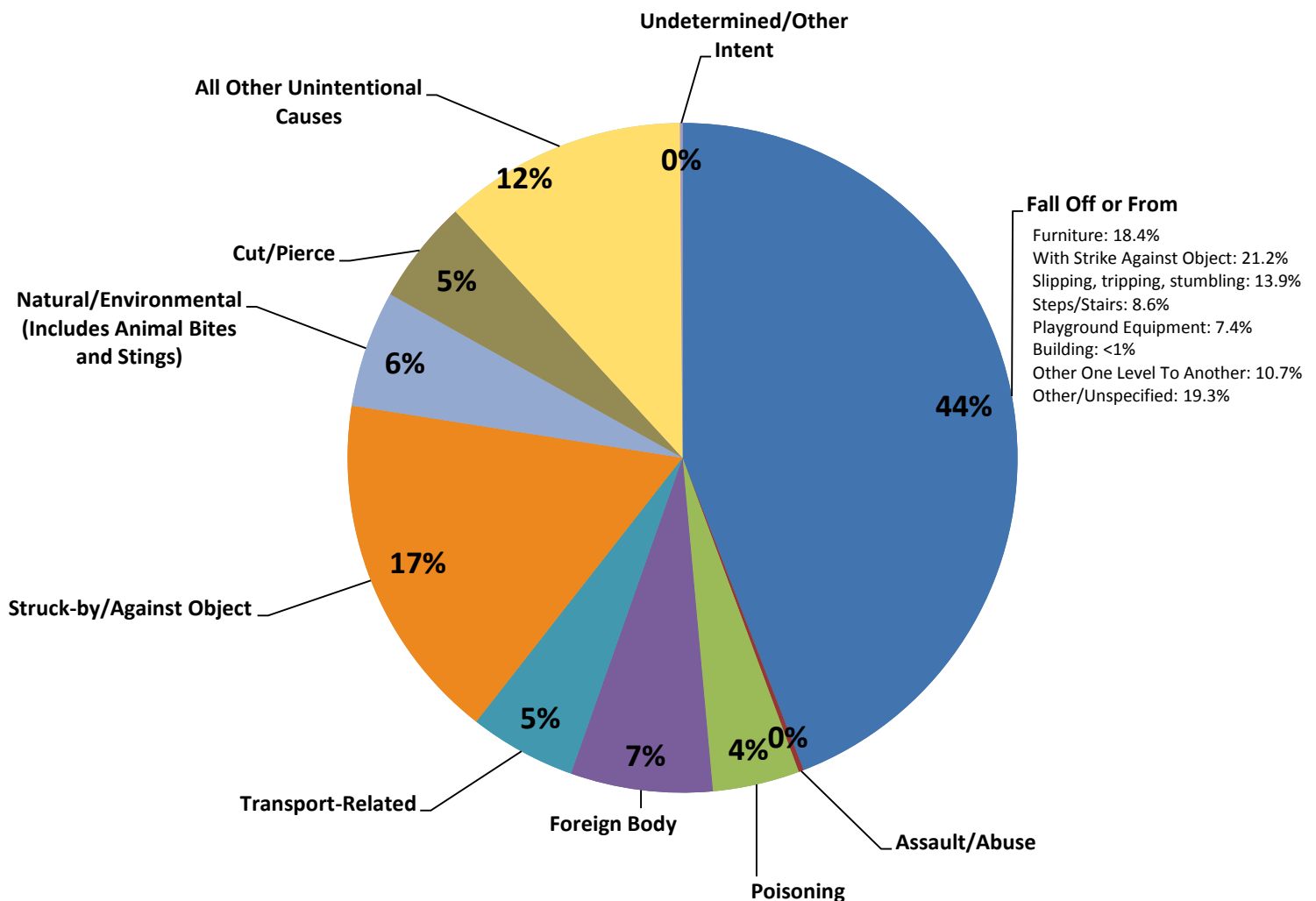


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Injury-Related Emergency Department Visits

Figure 6: Injury-Related Emergency Department Visits among Children Ages 0 – 5 Years, Nebraska, 2012



There were 15,344 injuries that resulted in an emergency department visit among children ages 0-5 in Nebraska. Of those, 1,460 occurred among children less than 1 year old and 13,884 occurred among children ages 1-5.

For injury-related emergency department visits, unintentional falls were by far the leading cause of injury (44%). Most fall-related emergency department visits were due to a fall with a strike against an object (21%) and falls from furniture, such as a bed, chair or sofa (18%), followed by slipping, tripping and stumbling (13%).

Falls were the leading cause of injury-related emergency department visits for both age groups (less than 1 year and 1-5 year olds). Struck by or against an object was the second leading cause of injury related emergency department visits.



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Table 1: Injury-Related Hospital Discharges and Emergency Department (ED) Visits among Children Ages 0 -5 Years, by Age Group, Nebraska, 2012

	Infants less than 1 Year		Children Ages 1-5 Years	
	Hospital Discharges	ED Visits	Hospital Discharges	ED Visits
Unintentional Injuries	33	1,442	138	13,639
Cut/pierce	0	39	2	685
Drowning/submersion	0	1	3	7
Falls (off/from):	12	715	45	5636
Furniture	3	253	16	917
Steps/stairs	3	81	4	469
With strike against object	0	80	3	1267
Slipping/tripping/stumbling	0	33	3	853
Playground equipment	0	2	3	471
Building	0	0	6	16
Other fall from one level to another	4	164	6	518
Other/unspecified	2	102	4	1125
Fire/Burn	2	53	12	310
Foreign Body	1	79	4	908
Natural and Environmental	0	47	7	763
Excessive heat	0	1	0	7
Dog bites	0	17	4	244
Other bites/stings/animal injury	0	25	3	454
All other natural/environmental	0	4	0	58
Poisoning	1	52	15	554
Struck-by/against object	1	161	9	2277
Suffocation	2	31	4	51
Transport-related	3	67	29	674
Motor vehicle (MV)-occupant	3	66	20	383
Bicycle/tricycle (MV & non-MV)	0	0	1	179
Pedestrian (MV & non-MV)	0	0	2	20
Other transport	0	1	7	92
All other unintentional causes	11	197	8	1774
Assault/Abuse	3	6	0	29
Undetermined/Other Intent	6	12	7	216
Total Injury-Related Cases	42	1,460	145	13,884



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Nebraska Child Injury Prevention Activities

The Nebraska DHHS Injury Prevention and Control Program (IPCP) works closely with partners statewide to reduce the rate of injury among Nebraska's children. The IPCP provides support for eight local Safe Kids coalitions to develop and implement safety education and awareness campaigns, distribute safety devices and hold local events. In 2013, local safe kids programs were granted additional funding to focus on home and bicycle safety.

To meet DHHS child care licensure regulations, IPCP staff developed and coordinated implementation of the Safe Kids Nebraska Child Care Transportation Training. Since May 2013 approximately 50 child passenger safety technicians have trained more than 1,500 individuals across the state. IPCP staff also partnered with DHHS Child and Family Services (CFS) to develop and implement a child passenger safety training that is required of all CFS specialists who transport children. In addition, IPCP provides statewide technical assistance to 375 child passenger safety technicians; works with local health departments to promote child passenger safety; partners with the Nebraska Office of Highway Safety to hold four child passenger safety trainings per year and an annual child passenger safety technician update; collaborates with the Cornhusker Motor Foundation on child passenger safety education efforts and partners with the Nebraska Brain Injury Association to raise awareness about the symptoms and consequences of concussions as well as evaluate the effectiveness of the Concussion Awareness Act. Finally, DHHS' Division of Maternal, Child and Adolescent Health Program sends out a safe sleep educational brochure to agencies and facilities (local health departments, insurance agencies, hospitals) across the state.

Nebraska - Maternal, Infant, Early Childhood Home Visiting (N-MIECHV)

The N-MIECHV program includes home visiting as a primary service delivery strategy for our most at-risk families, and is offered free to pregnant women or women with children birth to age 5. It is a family-centered and strengths based program

Through the home visiting program, nurses, social workers, or other trained home visitors meet with families in their homes, discover potential risk factors, do goal planning, talk about child development, and connect families to the individualized resources that could make the most difference in the long-term health, development and school readiness not only for the child, but for the family.

N-MIECHV oversees evidence-based home visiting programs that are supported by federal MIECHV formula and development funds, State General Funds and Title V MCH Block Grant funds. There are sites all over the state of Nebraska; serving 22 counties. Home offices can be found in Scottsbluff, North Platte, Pender (serving a large portion of the northeast part of the state,) Lincoln, Omaha and Beatrice. An application has been submitted for further federal expansion funding as well—looking for new program sites in Grand Island and Schuyler. Two program sites gained accreditation in the evidence-based model in 2014, and two programs in Douglas County are now working on a formal collaboration within the Early Childhood Comprehensive system to launch a coordinated intake system for services within Omaha Metro area.

Notes: Data sources Nebraska Vital Statistics 2008-2012 and Nebraska Hospital Discharge Data 2012

All injuries are considered unintentional unless specified otherwise. Reference to any commercial entity or product or service on this page should not be construed as an endorsement by the Government of the company or its products or services.

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

www.dhhs.ne.gov/injuryprevention

Released November 2014